

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street) ▼

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00411553

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☒ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
**PRE-Election** Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)  
**POST-Election** Report for the:

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y  
06 01 2015 06 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer Hugh M Taylor MD

[Electronically Filed]

Date

07

20

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
06		01		2015

To:

M M	/	D D	/	Y Y Y Y Y Y
06		30		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="6">2015</td></tr></table>	Y	Y	Y	Y	Y	Y	2015							<table><tr><td colspan="6">439447.27</td></tr></table>	439447.27					
Y	Y	Y	Y	Y	Y															
2015																				
439447.27																				
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="6">501817.10</td></tr></table>	501817.10																		
501817.10																				
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="6">28408.17</td></tr></table>	28408.17						<table><tr><td colspan="6">276784.05</td></tr></table>	276784.05											
28408.17																				
276784.05																				
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="6">530225.27</td></tr></table>	530225.27						<table><tr><td colspan="6">716231.32</td></tr></table>	716231.32											
530225.27																				
716231.32																				
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="6">124196.04</td></tr></table>	124196.04						<table><tr><td colspan="6">310202.09</td></tr></table>	310202.09											
124196.04																				
310202.09																				
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="6">406029.23</td></tr></table>	406029.23						<table><tr><td colspan="6">406029.23</td></tr></table>	406029.23											
406029.23																				
406029.23																				
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	5		

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

16278.92

179616.78

(ii) Unitemized .....

10274.11

91629.42

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

26553.03

271246.20

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

26553.03

271246.20

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

1855.14

5537.85

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

28408.17

276784.05

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

28408.17

276784.05

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1426.04	5017.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1426.04	5017.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	122700.00	304700.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	70.00	485.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	70.00	485.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	124196.04	310202.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	124196.04	310202.09

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	26553.03	271246.20
34. Total Contribution Refunds (from Line 28(d)) .....	70.00	485.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26483.03	270761.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1426.04	5017.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1855.14	5537.85
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	-429.10	-520.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Janet R Albers MD**

Mailing Address 612 Woodbridge Rd

City

Springfield

State

IL

Zip Code

62711-5666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SIU SOM

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2015

**Transaction ID : C3039081**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Suzanne M Allen MD**

Mailing Address 2889 S Swallowtail Ln

City

Boise

State

ID

Zip Code

83706-6139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Washington School of Med

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 03 / 2015

**Transaction ID : C3018670**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Frederic Baker MD**

Mailing Address 32 Mark Cir

City

Holden

State

MA

Zip Code

01520-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UMMHC

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

06 / 06 / 2015

**Transaction ID : C3021505**

Amount of Each Receipt this Period

43.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1093.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 49  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Reid B Blackwelder MD**

Mailing Address 4407 Leedy Rd

City  
Kingsport

State  
TN

Zip Code  
37664-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ETSU

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 14 / 2015

Transaction ID : C3024591

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mary F Campagnolo MD**

Mailing Address 1561 Route 38 Ste 6

City  
Lumberton

State  
NJ

Zip Code  
08048-2939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virtua Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2015

Transaction ID : C3021507

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Dennis M Carroll MD**

Mailing Address 1380 1500th St

City  
Lincoln

State  
IL

Zip Code  
62656-5127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 03 / 2015

Transaction ID : C3018667

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

525.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. J Logan Casey**

Mailing Address 206 Sleepy Hollow Cir

City

Vestavia

State

AL

Zip Code

35216-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Seale Harris Clinic

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : C3039558

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Cecilia Ann Collins MD**

Mailing Address 383 N Roscoe Blvd

City

Ponte Vedra Beach

State

FL

Zip Code

32082-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : C3034803

Amount of Each Receipt this Period

520.00

Full Name (Last, First, Middle Initial)

**C. Steven A Crawford MD**

Mailing Address 900 NE 10th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : C3034822

Amount of Each Receipt this Period

416.66

SUBTOTAL of Receipts This Page (optional)..... ►

1301.66

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. James A Ellzy MD**Mailing Address 1351 Bryant St NE  
Apt 4

City	State	Zip Code
Washington	DC	20018-1156

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : C3031290

Amount of Each Receipt this Period

34.10

Full Name (Last, First, Middle Initial)

**B. Roxanne Fahrenwald Fahrenwald MD**

Mailing Address 1236 Cedar Canyon Rd

City	State	Zip Code
Billings	MT	59101-6438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : C3036440

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Thomas Allen Felger MD**

Mailing Address 51181 Kings Xing

City	State	Zip Code
Granger	IN	46530-8812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

Transaction ID : C3018712

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1034.10

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. David Richard Field Field**

Mailing Address 209 N 7th St

City

Bismarck

State

ND

Zip Code

58501-4423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : C3036435

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Wanda D Filer MD**

Mailing Address 510 Aqua Ct

City

York

State

PA

Zip Code

17403-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Strategic Health Institute

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : C3022109

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Deborah Geismar Md Geismar MD**

Mailing Address 822 Monroe St

City

Evanston

State

IL

Zip Code

60202-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : C3036465

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Roland Adolph Goertz MD**

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Health Center

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2015

Transaction ID : C3024615

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Cathy Waterman Grace MD**

Mailing Address 1051 Boylan Rd

City

Bozeman

State

MT

Zip Code

59715-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : C3024704

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. Cathy Waterman Grace MD**

Mailing Address 1051 Boylan Rd

City

Bozeman

State

MT

Zip Code

59715-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2015

Transaction ID : C3034800

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1730.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Boyde Jerome Harrison MD**

Mailing Address 904 26th St

City

Haleyville

State

AL

Zip Code

35565-1719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	07	/	2015

**Transaction ID : C3021538**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**B. Eric James Heathers MD**

Mailing Address 767 Riverview Dr

City

Kokomo

State

IN

Zip Code

46901-7025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	24	/	2015

**Transaction ID : C3036391**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Daniel J Heinemann MD**

Mailing Address 1305 W 18th St

City

Sioux Falls

State

SD

Zip Code

57105-0401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	04	/	2015

**Transaction ID : C3034804**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

484.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Daniel J Heinemann MD**

Mailing Address 1305 W 18th St

City

Sioux Falls

State

SD

Zip Code

57105-0401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	3		2	0	1	5		

Transaction ID : C3034823

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Eileen Horner Md Horner MD**

Mailing Address 1609 NW 79th Cir

City

Vancouver

State

WA

Zip Code

98665-6626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Navy

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	3		2	0	1	5		

Transaction ID : C3018707

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Rebecca Jaffe Md Mph Jaffe MD**Mailing Address 3105 Limestone Rd  
Ste 300

City

Wilmington

State

DE

Zip Code

19808-2156

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rebecca Jaffe and Asso, PA

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	3		2	0	1	5		

Transaction ID : C3018683

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1450.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Jessica Johnson MD**

Mailing Address 3303 SW Hume St

City

Portland

State

OR

Zip Code

97219-3738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OHSU

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : C3021985

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Gregory King MD**

Mailing Address 1120 Vail Rd

City

Bennington

State

VT

Zip Code

05201-9597

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2015

Transaction ID : C3021539

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

**C. Robyn A Liu MD**

Mailing Address 1604 SE Stark St

City

Portland

State

OR

Zip Code

97214-1459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : C3047872

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

140.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christopher M Mahr MD**

Mailing Address 3085 Firestone Ct

City

Sumter

State

SC

Zip Code

29150-7075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Colonial Family Practice

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.00

Date of Receipt

06 / 10 / 2015

Transaction ID : C3022511

Amount of Each Receipt this Period

40.50

Full Name (Last, First, Middle Initial)

**B. Douglas Wayne Martin MD**

Mailing Address 331 W Pinehurst Trl

City

Dakota Dunes

State

SD

Zip Code

57049-5234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Lukes Regional Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 15 / 2015

Transaction ID : C3048113

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Kevin B Martin MD**

Mailing Address 2903 219th Ave E

City

Lake Tapps

State

WA

Zip Code

98391-5634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Life Care Physician Services

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 26 / 2015

Transaction ID : C3038138

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

455.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Barbara A Matthews MD**

Mailing Address 15 Arbor Way Dr

City

Decatur

State

GA

Zip Code

30030-1300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2015

Transaction ID : C3021588

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Caroline Mapuana Mee MD**

Mailing Address 4004 Poli Hiwa Pl

City

Honolulu

State

HI

Zip Code

96817-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2015

Transaction ID : C3036383

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		03		2015

Transaction ID : C3018704

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ▶

335.00

TOTAL This Period (last page this line number only)..... ▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2015

**Transaction ID : C3024698**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Todd A Miller MD**

Mailing Address 8200 W Central Ave

City

Wichita

State

KS

Zip Code

67212-9503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Wichita Family Physicians

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2015

**Transaction ID : C3034237**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Anne M Montgomery MD**

Mailing Address 44818 Oro Grande Cir

City

Indian Wells

State

CA

Zip Code

92210-7411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eisenhower Medical Associates

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2015

**Transaction ID : C3039108**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

665.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dale C Moquist MD**

Mailing Address 4318 Lake Walk Ct

City

Missouri City

State

TX

Zip Code

77459-3268

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.96

Date of Receipt

06 / 09 / 2015

Transaction ID : C3047874

Amount of Each Receipt this Period

91.66

Full Name (Last, First, Middle Initial)

## **B. Mary S Nguyen MD**

Mailing Address 5727 Welsch Vw

City

San Antonio

State

TX

Zip Code

78249-3149

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medina Valley Family Practice

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 02 / 2015

Transaction ID : C3017499

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

## **C. Carl Raymond Olden MD**

Mailing Address 311 S 72nd Ave

City

Yakima

State

WA

Zip Code

98908-1661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2015

Transaction ID : C3021540

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

226.66

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gwendolyn A Oran MD**

Mailing Address 295 Lakepoint PI N

City	State	Zip Code
Keizer	OR	97303-8318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

**Transaction ID : C3021577**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Javette C Orgain MD**

Mailing Address PO Box 806527

City	State	Zip Code
Chicago	IL	60680-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Vitas Innovative Hospice

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2015

**Transaction ID : C3039109**

Amount of Each Receipt this Period

110.00

Full Name (Last, First, Middle Initial)

**C. Charles Ted Paulk MD**

Mailing Address 1502 Colgate Ct

City	State	Zip Code
Dothan	AL	36303-5909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

1st MED of Dothan

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

**Transaction ID : C3018701**

Amount of Each Receipt this Period

370.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

845.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David C Rau MD**

Mailing Address 4232 N Riverside Dr

City	State	Zip Code
Columbus	IN	47203-1121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rau Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

**Transaction ID : C3024712**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Robert Chuck Rich MD**

Mailing Address PO Box 10

City	State	Zip Code
Bladenboro	NC	28320-0010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2015

**Transaction ID : C3036517**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Elisabeth L Righter MD**

Mailing Address 267 Park Dr

City	State	Zip Code
Dayton	OH	45410-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2015

**Transaction ID : C3022110**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

520.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lewis Robinson MD**

Mailing Address 17501 Village Inlet Ct

City

Fort Myers

State

FL

Zip Code

33908-7107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

**Transaction ID : C3024710**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Mark David Robinson MD**

Mailing Address 812 Rothmoor Dr Ne

City

Concord

State

NC

Zip Code

28025-2582

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas Healthcare System

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2015

**Transaction ID : C3018678**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Flora F Sadri-Azarbayejani DO**

Mailing Address 427 S Mountain Rd

City

Northfield

State

MA

Zip Code

01360-9684

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	19	/	2015

**Transaction ID : C3031292**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2300.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Sarah L Sams MD**

Mailing Address 2994 Frazell Rd

City  
HilliardState  
OHZip Code  
43026-9785FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : C3022891

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B. Kathleen M Santi MD**

Mailing Address 942 Tall Pine Dr

City

Port Orange

State

FL

Zip Code

32127-7702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2015

Transaction ID : C3018715

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Dean A Schultz MD**

Mailing Address 1850 Hickory St

City

Abilene

State

TX

Zip Code

79601-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2015

Transaction ID : C3036466

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

720.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Linda Marie Siy MD**

Mailing Address 4133 Bilglade Rd

City

Fort Worth

State

TX

Zip Code

76109-5436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of North Texas Health Scien

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2015

Transaction ID : C3047875

Amount of Each Receipt this Period

36.50

Full Name (Last, First, Middle Initial)

**B. Windel A Stracener MD**

Mailing Address 1333 Hunters Pointe Dr

City

Richmond

State

IN

Zip Code

47374-7184

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : C3022892

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Glen R Stream MD**

Mailing Address 44818 Oro Grande Cir

City

Indian Wells

State

CA

Zip Code

92210-7411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eisenhower Medical Associates

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2015

Transaction ID : C3034243

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

486.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Stacy J Taylor MD**

Mailing Address 173 E Cotton Hill Rd

City

New Hartford

State

CT

Zip Code

06057-3524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlotte Hungerford Hospital

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : C3017309

Amount of Each Receipt this Period

31.00

Full Name (Last, First, Middle Initial)

**B. Lloyd P Van Winkle MD**

Mailing Address PO Box 960

City

Castroville

State

TX

Zip Code

78009-0960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medina Valley Family Practice

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	02	/	2015

Transaction ID : C3017500

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Bruce Alan Wallstedt MD**

Mailing Address 6323 Canterbury Close

City

Brentwood

State

TN

Zip Code

37027-4870

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

146.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : C3022514

Amount of Each Receipt this Period

36.50

SUBTOTAL of Receipts This Page (optional)..... ►

117.50

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Kevin S Wang MD**Mailing Address 1823 Terry Ave  
Apt 1609

City	State	Zip Code
Seattle	WA	98101-2406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Swedish Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : C3036090

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Robert J Weber MD**

Mailing Address 1375 Meadowridge Rd

City	State	Zip Code
Watsonville	CA	95076-0356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : C3034801

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Richard Andre Wherry MD**

Mailing Address 59 Tipton Dr

City	State	Zip Code
Dahlonega	GA	30533-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Health

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : C3021562

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

16278.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 49

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. American Academy of Family Physicians**

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5537.85

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2015

**Transaction ID : C3028364**

Amount of Each Receipt this Period

531.65

Full Name (Last, First, Middle Initial)

## **B. American Academy of Family Physicians**

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5537.85

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2015

**Transaction ID : C3043214**

Amount of Each Receipt this Period

1323.49

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1855.14

1855.14





**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 49

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 12 / 2015

Transaction ID : D166587

Amount of Each Disbursement this Period

11.38

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 15 / 2015

Transaction ID : D166588

Amount of Each Disbursement this Period

14.35

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 15 / 2015

Transaction ID : D166589

Amount of Each Disbursement this Period

7.82

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

33.55

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

### A. American Express

Date of Disbursement

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D166996

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

## B. American Express

Date of Disbursement

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D166997

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Full Name (Last, First, Middle Initial)

### C. American Express

Date of Disbursement

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D166998

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

Age Group	Percentage
18-24	15.92
25-34	15.92
35-44	15.92
45-54	15.92
55-64	15.92
65-74	15.92
75-84	15.92
85+	15.92

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 49

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06      26      2015

Transaction ID : D166999

Amount of Each Disbursement this Period

0.99

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06      29      2015

Transaction ID : D167000

Amount of Each Disbursement this Period

69.88

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06      29      2015

Transaction ID : D167001

Amount of Each Disbursement this Period

15.76

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

86.63

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

#### A. Bank Of America Merchant Services

Mailing Address WA2-505-01-40  
PO Box 2485

City	State	Zip Code
Spokane	WA	99210-2485

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : D166395

Amount of Each Disbursement this Period

1257.88

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1257.88

1426.04



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. AmeriPAC: The Fund for a Greater America**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

Mailing Address 499 S. CAPITOL ST. S.W. #414

City	State	Zip Code
WASHINGTON	DC	20003

Transaction ID : D166099

Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

2500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. LEADERSHIP FOR TODAY AND TOMORROW**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2015

Mailing Address 625 3rd St NE  
Apt 2

City	State	Zip Code
Washington	DC	20002-4942

Transaction ID : D166620

Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

5000.00

Rep Xavier Becerra

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: CA District: 34

Full Name (Last, First, Middle Initial)

**C. NARRAGANSETT BAY PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Mailing Address PO Box 8628

City	State	Zip Code
Cranston	RI	02920-0628

Transaction ID : D166432

Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

2500.00

Jack Reed

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: RI District: 00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ADRIAN SMITH FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Mailing Address 3321 AVENUE I

City	State	Zip Code
SCOTTSBLUFF	NE	69361

**Transaction ID : D166424**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Adrian Smith**Category/  
Type

2500.00
---------

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NE	District: 03

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. KUSTER FOR CONGRESS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2015

Mailing Address PO Box 1498

City	State	Zip Code
Concord	NH	03302-1498

**Transaction ID : D166618**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Ann McLane Kuster**Category/  
Type

2500.00
---------

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NH	District: 02

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. BARBARA LEE FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Mailing Address 1736 Franklin Street #550

City	State	Zip Code
Oakland	CA	94612

**Transaction ID : D166430**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Barbara Lee**Category/  
Type

2500.00
---------

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 09

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BRAD ASHFORD FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Mailing Address PO BOX 24023

City	State	Zip Code
OMAHA	NE	68124

**Transaction ID : D166614**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Brad Ashford**Category/  
Type

2500.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE District: 02

Full Name (Last, First, Middle Initial)

**B. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2015

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598

**Transaction ID : D166101**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Charles Boustany Jr.**Category/  
Type

2500.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 07

Full Name (Last, First, Middle Initial)

**C. BENISHEK FOR CONGRESS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Mailing Address PO BOX 2012

City	State	Zip Code
KINGSFORD	MI	49802

**Transaction ID : D166676**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Dan Benishek**Category/  
Type

2500.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 01

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PEOPLE FOR DEREK KILMER**

Mailing Address PO Box 1381

City Tacoma	State WA	Zip Code 98401-1381
----------------	-------------	------------------------

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Derek Kilmer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2015

**Transaction ID : D166436**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. DIANA DEGETTE FOR CONGRESS**

Mailing Address P.O. Box 61337

City Denver	State CO	Zip Code 80206
----------------	-------------	-------------------

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Diana DeGette**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2015

**Transaction ID : D166098**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. BLUMENAUER FOR CONGRESS**

Mailing Address 830 NE Holladay, #105

City Portland	State OR	Zip Code 97232
------------------	-------------	-------------------

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Earl Blumenauer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2015

**Transaction ID : D166431**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PERLMUTTER FOR CONGRESS**

Mailing Address 3440 Youngfield Street

City	State	Zip Code
Wheat Ridge	CO	80033

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Ed Perlmutter**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

**Transaction ID : D166442**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ELIZABETH ESTY**

Mailing Address PO Box 61

City	State	Zip Code
Cheshire	CT	06410-0061

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Elizabeth Esty**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2015

**Transaction ID : D166616**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. JENKINS FOR CONGRESS**

Mailing Address PO BOX 727

City	State	Zip Code
HUNTINGTON	WV	25711

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Evan H. Jenkins**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2015

**Transaction ID : D166677**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. GRAHAM FOR CONGRESS**

Mailing Address PO BOX 310

City  
TALLAHASSEEState  
FLZip Code  
32302Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Gwen Graham**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2015

**Transaction ID : D166617**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM CLYBURN**

Mailing Address PO BOX 12567

City  
COLUMBIAState  
SCZip Code  
29211Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. James E. Clyburn**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

**Transaction ID : D166434**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS FOR JIM MCDERMOTT**

Mailing Address PO Box 21786

City  
SeattleState  
WAZip Code  
98111Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Jim McDermott**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

**Transaction ID : D166429**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOE HECK**

Mailing Address PO Box 750114

City	State	Zip Code
Las Vegas	NV	89136

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Joe Heck**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NV	District: 03

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

**Transaction ID : D166440**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. FLEMING FOR CONGRESS**

Mailing Address PO Box 1236

City	State	Zip Code
Minden	LA	71058-1236

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. John Fleming**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: LA	District: 04

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

**Transaction ID : D166441**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. JULIA BROWNLEY FOR CONGRESS**

Mailing Address PO Box 2018

City	State	Zip Code
Thousand Oaks	CA	91358-2018

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Julia Brownley**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 26

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2015

**Transaction ID : D166615**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. KURT SCHRADER FOR CONGRESS**

Mailing Address PO Box 3314

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Kurt Schrader**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2015

**Transaction ID : D166438**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. KYRSTEN SINEMA FOR CONGRESS**

Mailing Address PO BOX 25879

City	State	Zip Code
TEMPE	AZ	85285

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Kyrsten Sinema**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2015

**Transaction ID : D166619**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO ELECT MICHELLE LUJAN GRISHAM**

Mailing Address 2015 DIETZ PL NW

City	State	Zip Code
ALBUQUERQUE	NM	87107

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Michelle Lujan Lujan Grisham**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

**Transaction ID : D166820**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MORGAN GRIFFITH FOR CONGRESS**

Mailing Address PO BOX 361

City	State	Zip Code
CHRISTIANSBURG	VA	24068

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Morgan Griffith**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

**Transaction ID : D166406**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. NANCY PELOSI FOR CONGRESS**

Mailing Address 607 14th Street, NW

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Nancy Pelosi**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

**Transaction ID : D166405**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. TIBERI FOR CONGRESS**Mailing Address 2931 E Dublin Granville Road  
Ste 2000

City	State	Zip Code
Columbus	OH	43231

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Pat Tiberi**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2015

**Transaction ID : D166100**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PAT MEEHAN FOR CONGRESS**

Mailing Address 50 S PROVIDENCE ROAD

City MEDIA	State PA	Zip Code 19063
---------------	-------------	-------------------

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Patrick Meehan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

**Transaction ID : D166102**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. PAUL TONKO FOR CONGRESS**

Mailing Address 911 Central Avenue

City Albany	State NY	Zip Code 12206
----------------	-------------	-------------------

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Paul Tonko**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2015

**Transaction ID : D166408**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. PETE AGUILAR FOR CONGRESS**

Mailing Address PO BOX 10954

City SAN BERNARDINO	State CA	Zip Code 92423
------------------------	-------------	-------------------

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Pete Aguilar**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2015

**Transaction ID : D166407**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. A WHOLE LOT OF PEOPLE FOR GRIJALVA CONGRESSIONAL COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2015

Mailing Address PO Box 1242

City	State	Zip Code
Tucson	AZ	85702-1242

**Transaction ID : D166427**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Raul M. Grijalva**Category/  
Type

2700.00

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 03

Full Name (Last, First, Middle Initial)

**B. DR. RAUL RUIZ FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2015

Mailing Address 73373 COUNTRY CLUB DRIVE #1904

City	State	Zip Code
PALM DESERT	CA	92260

**Transaction ID : D166437**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Raul Ruiz**Category/  
Type

5000.00

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 36

Full Name (Last, First, Middle Initial)

**C. RODNEY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2015

Mailing Address PO BOX 344

City	State	Zip Code
TAYLORVILLE	IL	62568

**Transaction ID : D166621**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Rodney Davis**Category/  
Type

2500.00

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 13

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10200.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. KIND FOR CONGRESS COMMITTEE**

Mailing Address 205 5th Avenue South

City	State	Zip Code
La Crosse	WI	54601

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Ron Kind**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 03
----------------	--	------------------------

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
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Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2015

**Transaction ID : D166439**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. SCOTT PETERS FOR CONGRESS**

Mailing Address PO BOX 70980

City	State	Zip Code
WASHINGTON	DC	20024

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Scott Peters**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 52
----------------	--	------------------------

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
------------------------	---	----------------------------------

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2015

**Transaction ID : D166433**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. STIVERS FOR CONGRESS**

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Steve Stivers**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 15
----------------	--	------------------------

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
------------------------	---	----------------------------------

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2015

**Transaction ID : D166097**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. TOM REED FOR CONGRESS**

Mailing Address PO Box 10847

City	State	Zip Code
Rochester	NY	14610-0847

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Tom Reed**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

**Transaction ID : D166623**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. SEARCHLIGHT LEADERSHIP FUND**Mailing Address 426 C St NE  
Rear Building

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

**Transaction ID : D166472**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. BOB CASEY FOR SENATE INC**

Mailing Address 30 SOUTH 15TH STREET SUITE 400

City	State	Zip Code
PHILADELPHIA	PA	19102

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Bob Casey**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

**Transaction ID : D166622**

Amount of Each Disbursement this Period

1500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. GEORGIANS FOR ISAKSON**

Mailing Address POST OFFICE BOX 250116

City ATLANTA	State GA	Zip Code 30325
-----------------	-------------	-------------------

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Johnny Isakson**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

**Transaction ID : D166103**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MARK WARNER**

Mailing Address 201 NORTH UNION STREET SUITE 300

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Mark Warner**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

**Transaction ID : D166425**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. BENNET FOR COLORADO**

Mailing Address PO BOX 3078

City DENVER	State CO	Zip Code 80201
----------------	-------------	-------------------

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Michael Bennet**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

**Transaction ID : D166095**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. LEAHY FOR U.S. SENATOR COMMITTEE**

Mailing Address PO Box 1042

City  
MontpelierState  
VTZip Code  
05601-1042Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Patrick J. Leahy**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: VT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

**Transaction ID : D166435**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR PATTY MURRAY**

Mailing Address PO BOX 3662

City  
SEATTLEState  
WAZip Code  
98124Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Patty Murray**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2015

**Transaction ID : D166096**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. BLUMENTHAL FOR CONNECTICUT**Mailing Address 777 Summer St  
Ste 103City  
StamfordState  
CTZip Code  
06901-1085Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Richard Blumenthal**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

**Transaction ID : D166426**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PORTMAN FOR SENATE COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Mailing Address 9856 ARCHER LANE

City	State	Zip Code
DUBLIN	OH	43017

**Transaction ID : D166428**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

**Sen. Rob Portman**Category/  
Type

2500.00

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 00

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

122700.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Mr. George Jamil Salfity**

Mailing Address 25 Wilson Dr

City	State	Zip Code
Carmel	IN	46032-2058

Purpose of Disbursement  
Refund of 4/1/2015 contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2015

Transaction ID : D167298

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**B. Dr. Jose Alves Silva MD**

Mailing Address 175 Ward St.

City	State	Zip Code
Revere	AL	

Purpose of Disbursement  
Refund of 4/24/2015 contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : D167273

Amount of Each Disbursement this Period

20.00
-------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

70.00
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TOTAL This Period (last page this line number only).....▶

70.00
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